



## COMMERCIAL QUADRICYCLE LICENSE APPLICATION

### PART A – APPLICATION INFORMATION

No commercial quadricycle may be operated in the City of Green Bay unless first licensed by the City. You must apply for a separate license for each commercial quadricycle. Complete this application, then provide a certificate of insurance with a minimum of \$500,000 combined single limit liability coverage which specifically lists the vehicle identified below to the City Risk Management Division on the 5<sup>th</sup> floor of City Hall. The insurance certificate must also contain the following language, "Thirty days advance written notice of cancellation or non-renewal shall be sent to the City of Green Bay, Risk Management Division, 100 North Jefferson Street, Green Bay, WI 54301-5026." After insurance approval, file this completed form with the City Clerk, pay a \$25.00 licensing fee, and provide a copy of the current registration of the vehicle through the Wisconsin Department of Transportation.

After filing the appropriate items with the City Clerk and Risk Management, the vehicle must be presented to the Green Bay Police Department for inspection. The fee for the inspection is \$25.00 per vehicle. You must call 448-3183 to schedule an appointment for an inspection. You should call at least seven days in advance for an inspection. Vehicles which fail the inspection for any reason will be required to be re-inspected before the vehicle will be licensed and an additional inspection fee will be charged.

The approval of the Commercial Quadricycle License is conditioned upon the Common Council approving the proposed route(s).

### PART B - TO BE COMPLETED BY APPLICANT

1. Vehicle Owner's Name: \_\_\_\_\_
2. Vehicle Owner's Date of Birth (if an individual): \_\_\_\_\_
3. Business Name: \_\_\_\_\_
4. Business Address: \_\_\_\_\_  
STREET ADDRESS CITY, STATE & ZIP CODE
5. Business Phone Number(s): \_\_\_\_\_
6. Commercial Quadricycle Year, Make, and Model: \_\_\_\_\_
7. Commercial Quadricycle Serial Number: \_\_\_\_\_
8. Commercial Quadricycle #: \_\_\_\_\_
9. Insurance Carrier: \_\_\_\_\_
10. Policy Number: \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING.** Under penalty provided by law, the signer states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any inaccurate or untruthful answer may be grounds for prosecution and license revocation. Signer acknowledges the provisions of the Green Bay Municipal Code relating to public vehicles and agrees to observe these provisions and all applicable provisions of the Green Bay Municipal Code and Wisconsin Statutes.

\_\_\_\_\_  
(Signature of Applicant) Please have your signature notarized if you are not signing in the Clerk's Office. (Date)

### PART C – FOR CITY USE ONLY

Certificate of Insurance ☐ Approved by: \_\_\_\_\_

Date Filed: \_\_\_\_\_ Copy of Vehicle Registration ☐

Passed GBPD Inspection: \_\_\_\_\_ Date Passed: \_\_\_\_\_  
MECHANIC'S SIGNATURE